



School of Social Work

**PhD Comprehensive Exam Evaluation Form**

SWRK701

**STUDENT:** \_\_\_\_\_ **St. No.:** \_\_\_\_\_

**Student's PhD Advisory Committee Members:**

\_\_\_\_\_

**PART A – Written**

\_\_\_ **Pass:** Student has successfully completed the written part of the Comprehensive Exam and may now proceed with the Oral Defence.

Supervisor signature: \_\_\_\_\_

\_\_\_ **Fail -- Student allowed one retake – please attach a separate page with your comments**

**PART B – Oral Defence** [Date & Location: \_\_\_\_\_]

\_\_\_ **Pass:** Student has successfully passed the Oral Defence

\_\_\_ **Fail – if 1<sup>st</sup> fail, allowed one retake – please attach a separate page with your comments**

**FINAL GRADE:** \_\_\_\_\_

\_\_\_\_\_  
Signature (McGill Supervisor)  
Print Name: \_\_\_\_\_  
Univ. & Dept.: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Internal Member)  
Print Name: \_\_\_\_\_  
Univ. & Dept.: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (External Member)  
Print Name: \_\_\_\_\_  
Univ. & Dept.: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (If 4<sup>th</sup> Member)  
Print Name: \_\_\_\_\_  
Univ. & Dept.: \_\_\_\_\_  
\_\_\_\_\_

**The PhD Program Director, or their delegate, confirms that the student has successfully completed their Comprehensive Exam.**

\_\_\_\_\_  
**Signature**  
**(PhD Program Director or Delegate)**

\_\_\_\_\_  
**Date**

Upload the completed and signed form to: [milestone document upload- for students.pdf \(mcgill.ca\)](#) once uploaded send a confirmation email to: [graduate.socialwork@mcgill.ca](mailto:graduate.socialwork@mcgill.ca)